

Repositioning Family Planning: An Advance Africa Project Strategy

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**Advance
Africa**

*Expanding family
planning and
reproductive
health services
in Africa*

Repositioning Family Planning: An Advance Africa Strategy

**Arlington, VA
7 January 2004**

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Introduction

“The steep drop in worldwide family planning funds from wealthy nations contributed to more than 300 million unintended pregnancies and the death of an estimated 700,000 pregnant women between 1995 and 2000” (Study Report, Global Health Council, September 2002).

Maternal and child mortality rates in sub-Saharan Africa (SSA) are among the highest in the world. Maternal mortality is over 900 deaths per 100,000 live births in more than half of sub-Saharan African countries. Infant mortality is estimated to be 91 per 1,000 live births for sub-Saharan Africa (Population Reference Bureau 2002). World attention to the HIV/AIDS pandemic and to high maternal and child mortality rates has moved donor focus away from family planning and reproductive health (FP/RH) programs. As a result, funding for family planning programs has stagnated. Many health care and human resources formerly dedicated to improving access to and quality of FP/RH services have been redirected to HIV/AIDS prevention and treatment. National reproductive health programs have succumbed to budget cuts and staff reductions.

For decades, family planning has been presented as a means to simply control the world’s population size. The current global situation, particularly in sub-Saharan Africa, requires a different approach. With the dramatic reduction in the world’s population growth rates—due in part to lower fertility in some regions and to higher mortality caused by HIV/AIDS and other infectious disease—family planning must be considered a *health intervention*, not a means of population control. Advance Africa and other family planning groups across the globe must enhance decision makers’ appreciation of family planning in this capacity and work to reposition family planning in a new light.

The health benefits of family planning and their tremendous contributions to women’s empowerment and productivity have not yet been adequately demonstrated to African leaders, developers, and planners. In many cases, family planning is stigmatized by limiting its purpose to birth control “imposed by the developed world upon the developing world.”

The Advance Africa Strategy is drawn from best practices and lessons learned in implementing family planning programs in Africa. Research findings demonstrate the tremendous health and non-health benefits of contraception for optimal birth spacing (three or more years) generally among women, children, and adolescents, and specifically among HIV-positive individuals. The strategy aims to bring back family planning as a priority intervention in SSA.

Repositioning activities are linked to Advance Africa country programs in that most occur in Advance Africa countries (i.e., advocacy conferences and demonstration projects), they are directly related to ongoing country activities (i.e., FP/HIV integration, birth spacing), and their results are directly relevant to country program implementation and outcomes. The advocacy conferences will have a direct effect on the country programs by creating an enabling environment for the implementation of family planning activities at the program and service delivery levels. In addition, the results of country activities in strengthening the impact on maternal and child health will be highlighted within the national advocacy and regional conferences.

Background

In today's context, repositioning family planning as a priority health intervention in SSA requires a focus on the health and socioeconomic benefits of longer birth intervals rather than on population control. Recent studies show that women in many African countries actually already prefer longer birth intervals.

- One analysis has found that between the mid-1980s and early 1990s, the average birth interval rose in 11 African countries in all four regions by nine months (*Bankole A. & Westoff C.F. 1995*).
- Although the median birth interval in developing countries is close to three years (about 32 months), 60% of women in SSA space the births of their children less than three years apart.
- An average gap of six months between the preferred and the actual birth interval has been reported in 20 SSA countries from 1990 to 1998.
- More than 23% of married women ages 15-24 have unmet need for spacing births. If women in countries with the widest gaps achieved their desired spacing length, child mortality would drop substantially (e.g., neonatal mortality would drop by 11%, infant mortality by 13%, and under-five mortality by 17% in Kenya) (*Ramalimanana & Westoff, 2001*).
- Infant mortality in Nigeria would decline by 28% if all women spaced births at least three years apart.

In addition to increasing the general population's ability to space births and plan their families, Advance Africa is focusing on enhancing family planning services for specific populations. Because HIV/AIDS is an issue throughout SSA, it is important to understand the family planning needs of people living with HIV/AIDS (PLWHAs). Within the strategy, Advance Africa is implementing demonstration projects that will increase access to family planning services for PLWHAs and others seeking HIV/AIDS-related services. These projects include the integration of family planning counseling, services, and referral within voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) programs as well as social mobilization and support for those who have tested positive upon return to their communities.

Youth are exposed to incredible risk for unwanted pregnancy and sexually transmitted infection (STI), including HIV. Advance Africa has teamed up with the Forum of African Women Educationalists (FAWE), Catholic Relief Services, and other youth-focused organizations to increase awareness, educate, and improve skills among adolescents in reproductive health, sexual negotiation, and healthy life choices. Through life skills education programs, Advance Africa aims to improve adolescents' capacity to stay healthy, excel in school, and achieve life goals.

The October 2002 meeting of the U.S. Agency for International Development (USAID) and cooperating agencies (CAs) centered on the status of family planning in SSA and demonstrated the need to address family planning in the region. To better conduct strategic advocacy campaigns to bring back family planning as a priority intervention, the social and health benefits

of longer birth intervals have to be emphasized and the advantages of integrating family planning into other reproductive health interventions and strategies must be demonstrated.

To effectively meet this challenge, the proposed strategy is a multidimensional approach that goes beyond an individual's sole preference to include all programmatic and operational aspects of the issue, including the couple's and families' needs for family planning and the role and responsibility of decision makers and providers in satisfying these needs.

Overall Objective

To increase recognition of family planning as a necessary and vital health intervention; to create awareness of the health benefits of family planning, including contraception for longer birth intervals; and to highlight the specific needs of youth and people living with HIV/AIDS; by improving knowledge, attitudes, and practices for family planning among key stakeholders and communities in SSA.

Specific Objectives

1. Initiate definitive change in family planning at the national policy level by focusing the attention of policy makers and key SSA stakeholders on family planning issues in today's context, especially on birth spacing. Introduce the Advance Africa Strategy to allow stakeholders to make informed decisions affecting national health policy, bud gets, advocacy, and future planning, which will trickle down to all segments of society in the short and long term. Immediate results will be coordinated efforts with various sectors, including the government, nongovernmental organizations (NGOs), the private sector, and faith-based organizations, to demonstrate the importance of focusing on family planning and birth spacing endeavors, specifically through contraceptive means.
2. To effectively implement a family planning strategy suitable in the context of HIV/AIDS by integrating appropriate information and counseling messages about contraception for longer birth intervals in HIV/AIDS service settings (e.g., VCT, PMTCT, home-based care) and in pre- and postnatal care services.

Components of the Strategy

The Advance Africa 2003/2004 strategy for repositioning family planning is based on recommendations resulting from the October 2002 meeting on the status and trends of family planning in SSA, the World Health Organization (WHO) Regional Office for Africa (AFRO) framework for repositioning family planning, and on suggested programmatic approaches resulting from the 2002 Demographic and Health Survey (DHS) study on longer birth intervals. The Advance Africa strategy focuses especially on promoting contraceptive use for longer birth spacing intervals and integration of family planning within the health and non-health sectors.

The strategy includes three major interrelated and complementary areas for action:

1. National Advocacy Endeavors to Spearhead the Advance Africa Strategy: Reposition family planning in Angola, the Democratic Republic of the Congo (D.R. Congo), Mozambique, and Senegal.

Phase I: The initial phase of this effort will consist of national advocacy conferences in each country focused on repositioning family planning; these conferences will be targeted to key policy makers, health and development professionals, and the private sector. The goal will be to raise awareness of the new approach to family planning, the current context in which it exists, and how it should be addressed within that context, with an emphasis on the positive impact of optimal birth spacing. Advance Africa will collaborate with other agencies working in repositioning family planning, including those in the Repositioning Family Planning Working Group. For specific details and follow-up work, please see Activity I below.

Phase II: Following the success of the national advocacy conferences, action plans will be developed in each country to emphasize family planning as a health intervention and highlight the role of optimal birth spacing in national health strategies.

2. Alliance with WHO/AFRO and West African Health Organization (WAHO): Reinforce family planning as a health intervention on a regional level in SSA through cosponsorship of a regional family planning conference.

Phase I: During the current workplan period, Advance Africa has a unique opportunity to partner with leading institutions to reinforce the same message to key stakeholders throughout SSA regarding repositioning family planning. It is in the best interest of Advance Africa, as well as WHO and WAHO, to use this occasion to put forth a strong, cohesive, and consistent message to policy makers, other CAs, government institutions, the private sector, and the people of SSA. The initial phase of the partnership will include cosponsorship of a regional repositioning family planning conference in Accra, Ghana. For specific details and follow-up work, please see Activity II below.

Phase II: Continuation of a strong partnership with WHO on a regional level as well as technical assistance to WHO/AFRO for the preparation of the 2004 State Members' Annual Meeting on Repositioning Family Planning in Africa.

3. Small-Scale Demonstration Projects and Collaboration with Partners:

In selected countries, Advance Africa will implement activities to strengthen family planning programs through integration with the health and non-health sectors and through birth spacing initiatives. These demonstration projects will establish or strengthen family planning services through integration of family planning with health and non-health services, including HIV/AIDS services, life skills education, the private sector, and the environment. Upon successful implementation, the results of the demonstration projects will be used to strengthen the advocacy for family planning as a health intervention and will be presented at the various advocacy conferences planned for the coming year.

The concept of “*Repositioning Family Planning*” will be used to indicate:

- Effective integration of family planning into reproductive health services
 - avoidance of vertical programs
 - reintroduction of family planning into ongoing and basic reproductive health services
 - no missed opportunities for integrating family planning and assurance that all opportunities for addressing men’s and women’s family planning needs are fully maximized
 - identification of interventions and strategies that we know to be effective in improving access to quality family planning services (promising or best practices)
- Effective integration of family planning into child survival (please refer to Activity II.C. Angola and Activity II.E. Mozambique)
- Effective integration of family planning into maternal health, including prenatal care (please refer to Activity II.E. Mozambique)
- Effective integration of family planning into primary health care (please refer to Activity II.B. D.R. Congo)
- Effective integration of family planning into HIV/AIDS services (please refer to Activity I.B. Collaboration with Columbia and Activity II.F. Zimbabwe)
- Effective integration of family planning into non-health activities including education, the private sector, and the environment (please refer to Activity I.C.3. Life Skills Education and Activity II.B.2. Collaboration with JGI)

Since the Status and Trends of Family Planning in sub-Saharan Africa meeting held October 30, 2002, Advance Africa has continued to be an active member and coordinator for the Repositioning Family Planning Working Group (including USAID/Washington, USAID Africa Bureau, POLICY Project, Frontiers in Reproductive Health, and the Support for Analysis and Research in Africa [SARA] Project). This working group comes together periodically to discuss progress in the repositioning family planning movement. Currently, the group is working to outline a common strategy for repositioning, and will certainly draw upon collaboration with WHO as well. In activities that Advance Africa pursues to advance the strategy, the Repositioning Family Planning Working Group members will be consistent collaborators for conferences, action planning, and demonstration projects.

I. Participation in Regional Conferences and Meetings on Repositioning Family Planning

IA. National Advocacy Conferences on Repositioning Family Planning

Objective

National Advocacy Endeavors to Spearhead the Advance Africa Strategy: Repositioning family planning in Angola, Mozambique, D.R. Congo, and Senegal

The initial phase of this effort will consist of national advocacy conferences in each country focused on repositioning family planning that will be directed at key policy makers, health and development professionals, and the private sector. The goal will be to raise awareness of the current national family planning situation, the country context in which it exists, and how it should be addressed within that context, with an emphasis on the positive impact of optimal birth spacing. Target populations will include individuals at the community level, PLWHAs, and youth.

Following Phase I, the longer term goal, to be implemented in the 2004-2005 workplan cycle, is to develop specific action plans with the key stakeholders willing to commit to strengthening family planning programs through optimal birth spacing and integration with other programs. The identified stakeholders will partner with Advance Africa and each other to reestablish family planning as a health priority, enabling Advance Africa to work with them further in enhancing and strengthening their family planning programs.

Advance Africa country programs will both provide for and benefit from these conferences. Ongoing programs in each country will help to inform the participation and content of the workshops as well as provide assistance with conference logistics. In addition, Advance Africa country programs will benefit from the enabling environment created by these conferences for strengthened national family planning programming. Ongoing activities will be shaped and enhanced by the specific action plans developed in each country.

Strategy

Prior to the advocacy conferences, Advance Africa will collect information on country-specific demographics, epidemiology, and reproductive health services and policy. This review will also include questions related to the programmatic aspects of reproductive health interventions (especially family planning, birth spacing, HIV/AIDS, adolescent reproductive health) in each country, such as policy formulation, strategy development, specific actions taken, target groups, results achieved, and major constraints.

In addition, a local consultant will be contracted to gather information on local knowledge, attitudes, and practices related to birth spacing among individuals, couples, families, and communities. This information will be critical in addressing local programming needs based upon identified in-country priorities. This information collected, the data from the October 2002 repositioning meeting, and the new findings from recent DHS studies, as well as findings from

Advance Africa demonstration projects, will be used for each advocacy conference. The target audiences include policy makers; planners from ministries of health, planning, and finance; community leaders; private sector leaders; program managers; and service providers.

The four conferences will be conducted by the end of May 2004 to allow for best use of resources and ease of follow-up.

Expected Products

- Consultant report on birth spacing preferences and sociocultural determining factors
- Consensus-based recommendations and commitment from the participants to support family planning as a priority intervention in each of the four countries
- Action plans outlining family planning as a health intervention on a national scale in each of the four countries

Expected Outputs

- Acceptance of family planning as a health intervention in the four countries through the incorporation of family planning action plans in the strategic national health plans, thus creating an enabling environment for family planning activities
- Knowledge of preferred birth intervals among women, men, families, and communities; communities' social norms, beliefs, and perceptions regarding preferred birth intervals; and determinants of spacing patterns from each community
- Local foundation upon which to build context-appropriate birth spacing counseling messages adapted from demonstration projects in Mozambique and Angola
- Increased understanding among key decision makers and other conference participants of the health and non-health benefits of family planning and longer birth spacing
- Increased motivation of the participants to support family planning interventions based on longer birth spacing
- Concrete links between country-specific action plans and ongoing Advance Africa activities, as appropriate by country (for example, Angola – birth spacing, integration, adolescent reproductive health [ARH]; D.R. Congo – environment, birth spacing, community involvement; Mozambique – birth spacing, ARH; Senegal – birth spacing, integration, ARH)

Expected Outcomes

- Adapted sociocultural norms and customs influencing individuals' and families' birth spacing practices
- Recommendations and commitments supported by each country's participants
- Communication messages developed for promoting optimal birth spacing based on the information collected
- Strengthened national family planning program implementation
- Increased financial sustainability of national family planning programs

Indicators

- Number of participants (profile and position)
- Number of organizations involved in action plans

- Two countries integrate birth spacing components into their national family planning strategies and/or increase resources for family planning programs

Partners

- Ministry of Health (MOH) Division of Reproductive Health
- USAID Country Missions
- Selected local consultant in each country
- Local stakeholders/organizations
- WHO/AFRO – Division of Reproductive Health (DRH)
- Other United Nations (UN) agencies: United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF)
- Private sector representatives in each country
- CA members of the Repositioning Family Planning Working Group

Linked Activities

- Family planning country programs
- Family planning/HIV integration activities
- Family planning life skills education integration
- Demonstration projects

I.B. Alliance with WHO/AFRO and WAHO: Reinforce Family Planning as a Health Intervention on a Regional Level in SSA through Cosponsorship of a Regional Family Planning Conference

Phase I: During the current workplan period, Advance Africa has a unique opportunity to partner with leading institutions to reinforce the same message to key stakeholders throughout SSA regarding repositioning family planning. It is in the best interest of Advance Africa, as well as WHO and WAHO, to use this occasion to put forth a strong, cohesive, and consistent message to policy makers, other CAs, government institutions, the private sector, and the people of SSA.

The initial phase of the partnership will include cosponsorship of a regional advocacy conference on repositioning family planning in Accra, Ghana. In addition, Advance Africa will continue to collaborate with WHO and USAID's Maximizing Access and Quality (MAQ) Initiative to conduct an Implementing Best Practices Conference in East Africa.

Phase II: Continuation of a strong partnership with WHO and WAHO on a regional level as well as technical assistance to WHO/AFRO for the preparation of the 2004 State Members' Annual Meeting on Repositioning Family Planning in Africa.

Background

Many countries have adapted generic WHO guidelines, training modules, and approaches in the area of family planning to develop and/or strengthen their programs. The WHO Strategic Approach has been applied to contraceptive introduction and has enabled a number of countries to improve the quality of care in family planning services.¹ Although the average contraceptive prevalence rate (CPR) in sub-Saharan Africa is only 10%, the CPR has risen considerably in a number of countries, reaching above 50% (e.g., in Zimbabwe). There is hope for replication of this approach in more African countries in the future.

Even though these achievements have been made, some challenges and constraints have been identified: family planning distribution has remained low largely due to the overmedicalization of family planning commodities. Some countries' laws exclude access to family planning commodities for sexually active unmarried adolescents and minors. Lack of user-friendly services, particularly for sexually active adolescents, has been a constraint for access to family planning services for this important target group. In addition, family planning programs have not been a priority in budget allocation, and in many countries, there is inadequate and/or poor integration of family planning into the other reproductive health services such as HIV/AIDS services.

In many countries, family planning programs have encountered major constraints for service delivery in general. Unfortunately, men have largely been left out of family planning programs and yet their roles as community leaders, policy makers, technical experts, clinicians, and partners are critical in the decision making for FP/RH services. Family planning service delivery

¹ World Health Organization. *The Strategic Approach to Improving Quality of Care in Reproductive Health Services*. http://www.who.int/reproductive-health/strategic_approach/index.htm

among community organizations is often hampered by lack of training and skills among health workers to effectively involve the communities in their own health care.

Despite these challenges, there are many opportunities to promote family planning as a priority intervention in Africa and to rapidly improve the coverage rate based on proven successful interventions. These include existing country-level and potential global- and regional-level partnerships, easily available training materials and documents, evidence about the health benefits of spacing births three to five years apart, new contraceptive methods and literature updates, new technologies, health sector reform, and country-based professional associations. Almost every country has a family planning association, integrated family planning programs, legislation and regulations for family planning, and ratification and/or endorsement of global and regional conventions.

Objectives

To create and strengthen awareness of regional key decision makers in reproductive health on:

- The urgent need to revitalize the family planning component of national reproductive health policies and programs
- The need to reposition family planning with a higher level of attention and commitment and with the long-term goal of improving the well-being of women and men in Africa

I.B.1. 2003 WHO/AFRO Reproductive Health Task Force Meeting in West Africa

Background

Advance Africa, in collaboration with WHO/AFRO, WHO, and the other Reproductive Health Task Force members, will help various sectors and institutions prepare and deliver presentations on the current status and trends of family planning in sub-Saharan Africa and on the new evidence of health and non-health benefits of optimal birth spacing (three to five years) as well as on effective strategies to boost family planning services in Africa.

In collaboration with WHO/AFRO, Advance Africa will prepare CD-ROMs of the best practices in FP/RH from the Best Practices Compendium and other best practices materials to disseminate to the participants.

Objectives

- To create and/or strengthen the awareness of the Reproductive Health Task Force members from different countries about the urgent and critical need to strengthen/revitalize the family planning component of national health policies and programs
- To reposition family planning for a higher level of attention and commitment in the country health programs

Expected Outcomes

- Contribute to an increased awareness and interest in issues related to the health benefits of family planning and approaches to repositioning family planning in the context of HIV/AIDS in Africa
- Disseminate the Best Practices Compendium on CD-ROM and other Advance Africa tools (e.g., Strategic Mapping) for use among the participants

Partners

- DRH, WHO/AFRO, Tribhuvandas Foundation (TF)
- WHO
- Other UN agencies: UNFPA, UNICEF
- Repositioning working group members: SARA Project, Academy of Educational Development (AED), Population Council, POLICY Project
- Representatives of MOHs from invited countries

Linked Activities

- Repositioning family planning activities
- Family planning/PMTCT integration activities
- Family planning/life skills education integration

I.B.2. Technical Assistance to WHO/AFRO for the Preparation of the 2004 State Members' Annual Meeting on Repositioning Family Planning in Africa

Background

WHO/AFRO's overall goal of accelerating and scaling up reproductive health programs in Africa and promoting the use of evidence-based approaches in FP/RH services coincides directly with Advance Africa mandates. WHO/AFRO and Advance Africa have already collaborated to hold a number of meetings and workshops in which repositioning family planning, birth spacing, and best practices played a prominent role. In September 2004, WHO/AFRO is planning the 2004 State Members' Annual Meeting, of which the theme will be Repositioning Family Planning. This meeting will bring together top officials from ministries of health, finance, and planning, and WHO will encourage the members to officially endorse a strategy for repositioning family planning.

The project welcomed the invitation from the Division of Reproductive Health of WHO/AFRO to have someone from Advance Africa spend 10 days in Brazzaville working with DRH staff to prepare the working documents (the strategy for repositioning family planning) to be used for the 2004 State Members' Annual Meeting. The outcome of this meeting, especially the endorsement of a strategy for repositioning family planning, will provide the foundation for Advance Africa's work at the country level and for a regional advocacy conference as described in Activity I.A.4. below.

Advance Africa will work with WHO/AFRO starting in February 2004 in Harare and Brazzaville, with further assistance as needed from headquarters through the time of the State Members' Annual Meeting in September 2004.

Objectives

- Provide the WHO/DRH staff with needed technical support in developing the agenda and content of the WHO annual meeting on repositioning family planning
- Share FP/RH best practices from selected projects, data from the 2002 DHS, and data from the 2002 October meeting on repositioning

Expected Outputs

- Health and non-health benefits of optimal birth spacing (three to five years) included in the working documents developed for the meeting
- Current development work on repositioning family planning included in the working document (best practices)
- Quality working documents on advocacy for family planning

Expected Outcomes

- Strong political measures taken to reposition family planning in Africa
- Commitment to allocation of more resources to family planning programs
- Regional strategy to strengthen family planning programs

Indicators

- WHO endorsement of Advance Africa/USAID Repositioning Framework
- Number of countries that have increased resources for family planning (from national budgets)

Partners

- Division of Reproductive Health of WHO/AFRO
- Cooperating agencies
- Other institutions invited by WHO

Linked Activities

- Other repositioning activities
- PMTCT activities
- Country programs

I.C. Regional Advocacy Conference for Repositioning Family Planning

Advance Africa will begin immediate preparation, in collaboration with WHO and WAHO, for a regional advocacy conference by identifying the key stakeholders and the target audiences to assure the availability of the most effective and effectual audience members. This meeting will follow on from the WHO 2004 State Members' Annual Meeting, and the participants will include the policy makers, program managers, service providers, and community leaders from those countries in which the MOH officials have endorsed the Strategy for Repositioning Family Planning. Advance Africa will also begin content development in collaboration with partners and stakeholders.

Advance Africa anticipates direct involvement of a number of the Advance Africa consortium members to bring a variety of skills to the table. With this assistance, along with the general guidelines of WHO and WAHO, a comprehensive conference will be held that clarifies not only what repositioning is but also:

- Why repositioning is important to men and women in SSA
- Why key stakeholders must focus on family planning and reproductive health
- How family planning fits into the context of other health issues in SSA
- What national country programs can do to revitalize family planning

When a clear, coherent message regarding family planning is sent by several renowned global health organizations in unison with Advance Africa, it should have a greater impact.

Information collected at each of the national advocacy conferences, results of demonstration projects, and local examples from the Ghanaian reproductive health program will contribute to the content of this conference. Advance Africa, in collaboration with WHO and WAHO, will prepare materials for conference participants, including the internationally endorsed Strategy for Repositioning Family Planning, technical papers addressing various components of repositioning family planning, results reports from demonstration projects, CD-ROMs of the Best Practices Compendium, and advocacy materials.

Preparation for this conference will be the focus of the FY2004 workplan year, and the actual conference will be held in September or October 2004.

Objective

- Conduct a follow-on conference to the WHO 2004 State Members' Annual Meeting on Repositioning Family Planning that will advocate for repositioning activities among those likely to implement programs

Expected Products

- Advocacy materials developed to increase awareness and commitment to family planning (birth spacing, HIV/AIDS, life skills education, and private sector)
- A conference report that will include the presentations, discussions, and recommendations of participants

Expected Outcomes

- Increased awareness and commitment to family planning as a health intervention and approaches to reposition family planning in the context of HIV/AIDS
- Action plans to be developed by participating countries, possibly assisted by Advance Africa, WHO, or WAHO, following the meeting. Advance Africa will be available for consultation or assistance to any participant who is interested in repositioning, the need for family planning, related services, or assistance.
- Broader dissemination of the Best Practices Compendium on CD-ROM and other Advance Africa tools (such as Strategic Mapping) for use among the participants

Indicators

- Number of participants (profile and position)
- Number of organizations involved in action plans

Partners

- DRH of WHO/AFRO, Reproductive Health Task Force
- WHO/Geneva
- Other UN Agencies: UNFPA, UNICEF
- Repositioning Working Group members: SARA Project, AED, Population Council, POLICY Project
- Representatives of ministries of health from invited countries
- Advance Africa Consortium Management Group members

Linked Activities

- Repositioning family planning activities
- Family planning/PMTCT integration activities
- Family planning/life skills education integration

I.D. Participation of Advance Africa in the African Meeting on Implementing Best Practices as a Strategy to Promote Repositioning Family Planning

Background

The Implementing Best Practices (IBP) Initiative focuses on five key areas: awareness and advocacy, problem analysis, intervention selection, adaptation and planning, and implementation and assessment. The IBP Initiative is meant to develop collaborative networks and create programs that are open to change. Advance Africa has found the IBP Initiative to be an effective partner in disseminating and soliciting feedback on Advance Africa's Best Practices Initiative. In addition, Advance Africa will take the opportunity to discuss repositioning family planning, including birth spacing and integration of family planning with health and non-health sectors, within the IBP meetings. This will be an important venue in which to discuss repositioning as many decision makers from donor agencies and ministries of health will participate.

The Africa IBP Meeting will be held in June 2004. Advance Africa will participate in the planning of this meeting starting in January 2004.

Objective

- Present family planning and optimal birth spacing as a best practice for family health
- Disseminate the Best Practices Compendium to a wider international development audience

Activities

- Participate in India IBP Meeting
- Develop action plans that incorporate the Best Practices Compendium as a resource to identify practices and participate in the follow-up process
- Plan for IBP Meeting in Africa to include major stakeholders in country programs
- Organize planning meeting of all partners involved in IBP Meeting in Africa
- Conduct IBP Meeting in Africa that will include results of birth spacing and integration demonstration projects as well as best practices

Expected Products

- Action and follow-up plans for repositioning and best practices created by participants at the Africa meeting
- Africa IBP Meeting report

Expected Outputs

- Program managers in Africa implementing practices based upon results from Advance Africa demonstration projects in birth spacing and integration as well as best practices found in the Best Practices Compendium
- The Best Practices Compendium is used as a resource to identify practices

Expected Outcomes

- Increased funding allocation to national family planning programs that include birth spacing
- Increased commitment among HIV program managers to include family planning counseling and provision of contraceptive methods within HIV/AIDS services
- Increased use of best practices among program managers in FP/RH programs

Indicators

- Number of hits to Best Practices Compendium database
- Number of Best Practice Compendium CD-ROMs distributed
- Amount of funding allocated to family planning activities

Partnerships

- Centre for African Family Studies (CAFS)
- Commonwealth Regional Health Community Secretariat
- IBP partner agencies²
- Makerere University
- USAID (MAQ)

Linked Activities

- Other repositioning activities
- Best Practices

² EngenderHealth, Family Health International, International Planned Parenthood Federation, INTRAH/PRIME, University of North Carolina, JHPIEGO, Johns Hopkins University, Management Sciences for Health, Pathfinder International, Population Leadership Program, UNFPA, WHO, Georgetown University, Partners in Population and Development, PATH

II. Implementation of Demonstration and Operations Research Projects in Selected Countries as Strategy for Repositioning Family Planning

These demonstration and operations research projects will be implemented in selected countries to either integrate contraceptive methods for longer birth intervals into HIV and other reproductive health activities or to work with communities to learn more about the current desired birth intervals and methods for achieving optimal birth spacing.

II.A. Integration of Family Planning and HIV/AIDS Interventions

II.A.1. Columbia University MTCT-Plus Program

Background

Advance Africa has been in discussions during the 2003 work year with the Columbia University MTCT-Plus Program to deliver family planning through and as part of their mother-to-child transmission activities. Focus of the family planning integration will be on addressing the family planning needs of PLWHAs, including family planning counseling, contraceptive provision, and birth spacing as a means to enhance acceptance of family planning. As this program will provide care and support (including antiretroviral drugs to those who qualify) beyond the prevention of vertical transmission of infection, Advance Africa will reinforce family planning counseling in the postnatal period through links with the MTCT-Plus Program's case management approach that addresses nutrition, child welfare, male involvement, and other health needs.

Negotiations have been slow in the past, but an understanding of the Advance Africa–Columbia collaboration has been finalized and activities are moving forward. Advance Africa has undertaken exploratory visits to sites in Mozambique and Zambia to gain insight into how the collaboration will work. In Mozambique, Advance Africa proposes to work with Health Alliance International, a grantee of the MTCT-Plus Program. A proposal for this collaboration has been sent to USAID/Mozambique, and the person newly responsible for MTCT activities in the Mission is reviewing the proposal before formally approaching the MOH. As soon as the proposal is accepted, a local consultant will be contracted to carry out the detailed site assessment upon which the action plan will be based. In Zambia, Advance Africa is working with the Center for Infectious Disease Research in Zambia (CIDRZ), also a grantee of MTCT-Plus. A local consultant was hired to carry out the detailed assessment by the end of December 2003, and activities will begin upon completion of the action plan in January 2004.

Objective

- To demonstrate the effectiveness of family planning in reducing vertical transmission of HIV within MTCT-Plus programs in Africa

Activities

- Site selection (complete)
- Rapid assessment of family planning within the selected sites, including collection of baseline data (Mozambique – January; Zambia – December)

- Training of PMTCT providers in family planning counseling, birth spacing, and contraceptive provision or referral in coordination with PRIME and EngenderHealth (upon completion of detailed assessments and action plans – January and February 2004)
- Supervision of PMTCT service providers
- Monitoring and evaluation of family planning component; selection of indicators and collaboration with John Snow, Inc. (JSI) in their monitoring and evaluation (M&E) efforts
- Capacity building in family planning for national PMTCT teams
- Technical assistance in advocacy on the importance of family planning for HIV programs among leaders and decision makers
- Coordinate with other agencies providing family planning logistics and commodities to ensure consistency and availability
- Disseminate information, education, and communication (IEC) materials of family planning for HIV-positive women to providers and clients
- Documentation of unmet need for family planning among MTCT-Plus clients, integration experience, and collection of best practices
- Ensure linkages for clients to receive support through case management, post-test clubs, and other follow-up services

Expected Products

- Advocacy materials developed and tested
- IEC materials developed and tested
- Training materials developed and tested

Expected Outputs

- 80% of Advance Africa–supported MTCT-Plus clinic personnel trained in family planning
- 90% of providers trained exhibit increased knowledge
- HIV-positive women receive family planning counseling
- HIV-positive women have increased reproductive health knowledge

Expected Outcomes

- HIV-positive women using family planning
- MTCT-Plus sites not supported by Advance Africa integrate family planning into their programs
- Resources for other programs (HIV/AIDS, child survival, maternal and child health) also supporting family planning

Indicators

- Increased utilization of modern methods of contraception by HIV-positive women
- Increased utilization of two- and six-week postnatal care consultations
- Increased utilization of two- and six-week postnatal care consultations by HIV-positive women
- Increased use of condoms during pregnancy

Partnerships

- Columbia University MTCT-Plus Program
- CIDRZ
- Health Alliance International/Mozambique
- Relevant MOHs
- JSI (M&E)

Linked Activities

- Birth spacing as a health intervention
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Mozambique Country Program
- Operations research on the integration of family planning with PMTCT and VCT
- Zimbabwe Country Program

II.A.2. Collaboration Activities in Uganda

Background

EGPAF's Call to Action Project conducts PMTCT activities in 17 countries throughout the world. In Uganda, Advance Africa is working with EGPAF to provide technical assistance in M&E of integrated activities in four public hospitals and clinics. Advance Africa is working closely with Linda Andrews, the current Population Leadership Program Fellow, to identify appropriate indicators, training, and supervision for M&E related to integrated family planning and PMTCT activities.

Objective

- Ensure appropriate monitoring and evaluation of integrated family planning and PMTCT activities in EGPAF's Uganda sites

Activities

- Select indicators, including several that will work consistently across activities
- Adapt/design tools for data collection
- Provide supervision and ensure data collection, including baseline data
- Coordinate with other agencies working in the field, especially those providing logistics and commodity technical assistance
- Analyze data
- Prepare reports
- Document and disseminate research findings (especially at national and regional advocacy conferences)

Expected Products

- Integration indicators
- Data collection tools
- Report of lessons learned regarding integration of family planning and PMTCT

Expected Outputs

- Trained research assistants
- Clinic personnel trained in M&E

Expected Outcomes

- M&E results utilized to strengthen future programming
- Lessons learned from activity results and data analysis

Indicators

- MTCT-Plus clinic personnel trained
- Number of reports disseminated

Partnerships

- EGPAF

Linked Activities

- Collaboration with Columbia University MTCT-Plus Program

II.B. Promotion of FP/RH (including HIV/AIDS, Safe Motherhood, and Child Survival) within Life Skills Education for Adolescents

Background

Young people, both boys and girls, lack the necessary information and skills to protect themselves against unwanted pregnancies, HIV infection, and other STIs. In addition, they have very limited access to health services for early screening, treatment, and counseling. Young girls who get pregnant have no access to pre- or postnatal services and counseling, resulting in increased risks to both mother and child. Young girls are also not sufficiently sensitized about female genital cutting (FGC), which is a risk factor in HIV infection and maternal and child mortality, and most adolescents lack the necessary knowledge and skills to support efforts to deter FGC among girls. Yet most educators, including FAWÉ members, lack the skills and information to teach ARH (the skills required by young people to negotiate sexual health) or to link adolescents with youth-friendly health services.

Advance Africa is working with FAWÉ to enhance the capacity of three national chapters and their partners by training teachers to be ARH and Life Skills development trainers. In addition, trainers are sensitized to the importance of supporting efforts to end FGC. These trainers will act as a catalyst for initiating and expanding ARH and Life Skills Education (LSE) for adolescent girls and boys in and out of schools. For example, FAWÉ supports empowerment activities for girls through schools, girls' clubs, and Centres of Excellence. Advance Africa has provided ARH and LSE training to 38 FAWÉ members who, subject to availability of resources, will expand the training to local educators with the aim of reaching the largest number of school girls and boys in their respective countries.

Objective

- Integrate ARH and LSE information (based on best practices identified in the Compendium or elsewhere in the sector) into schools, FAWÉ girls' clubs, and other youth-oriented venues in Zimbabwe, Mozambique, and Senegal

Activities

- Provide technical assistance to three FAWÉ chapters in developing viable workplans for in-country training of teachers and peer leaders
- Work with trained national teams to conduct in-country training in three countries
- Establish a functioning network of FAWÉ trainers for ARH and LSE
- Initiate and moderate a newsletter for the network of trainers for exchange of information, resources, lessons learned, and results
- Provide technical assistance to country teams in developing monitoring tools and indicators
- Facilitate M&E by co-monitoring the training activities with the FAWÉ national chapter concerned

Expected Products

- In-country implementation plans for three national chapters
- In-country curricula in ARH and LSE

- A quarterly newsletter for the network of trainers

Expected Outputs

- Knowledge increase about FGC among science teachers and educational counselors in six regions of Senegal
- Knowledge increase in ARH and life skills among teachers and youth leaders
- Acquisition of knowledge in participatory and interactive teaching methods
- A functioning network of trainers
- Adolescents being taught life skills

Expected Outcomes

- Reduced number of girls with unwanted pregnancies (to be measured after one year)
- Increased number of adolescents visiting youth-friendly clinics
- Reduced school drop-out rate among adolescent girls

Indicators

- Percentage of knowledge increase in ARH and LSE among teachers and peer educators
- Percentage of knowledge increase of ARH, LSE, and FGC among adolescents
- Percentage of increase in RH practices among students
- Number of adolescents taught life skills

Partners

- FAWE
- CAFS
- Ministries of Education in relevant countries
- Schools, parents, and community and religious leaders

Linked Activities

- Zimbabwe Country Program
- Mozambique Country Program
- Senegal Country Program
- Best Practices
- Repositioning family planning

II.C. Implementation in Two Selected Countries (Mozambique and Angola) of the Guidelines Developed to Integrate Appropriate Birth Spacing Information and Counseling Messages into Prenatal and Postnatal Care Services

Background

Advance Africa has been working with the USAID/Maputo Mission to implement a 16-month “bridging” FP/RH program in two provinces of Mozambique and to support American NGOs working in six provinces on child survival/reproductive health/maternal health programs. It was recognized that the reproductive health component was not taking advantage of the possible synergies presented by the support to the NGOs in the two provinces where Advance Africa was implementing reproductive health programs.

The Advance Africa project brings the resources of six well-known and long-established family planning groups to bear on its Mozambique activities. Advance Africa has a deep and varied set of FP/RH resources to bring to project activities, but what this project lacks is established relationships with the provincial and district health teams necessary to implement FP/RH programs at that level. Advance Africa usually establishes those relationships over the course of a project, but the short term of the bridging program limits its abilities to do so. Thus, what is proposed is to implement the Advance Africa project FP/RH activities in close collaboration with the NGOs working in Nampula and Zambezia—Save the Children and World Vision, respectively.

Activities

Discussion with Advance Africa staff and the two NGOs has resulted in three main areas of proposed activity:

1. Intensification and expansion of ongoing FP/RH work in the two provinces: Both NGOs are already conducting a certain level of family planning and reproductive health activities in their respective health districts, working closely with the provincial and district health teams. Advance Africa will provide resources (both financial and technical) to increase the scope and quality of these services in these districts. Furthermore, each NGO works in a number of health districts that do not receive any funding for FP/RH services. Advance Africa will provide resources to expand the activities in these districts to include a full FP/RH component.
2. Demonstration/experimental activities of community partnerships for an Emergency Obstetric Referral System and for a Birth Spacing Continuum of Care (Integrated Postnatal Care) Program: Two health districts in each province will be selected, based on their interests and competencies, to pilot one of these programs. Implementation will be done by the district health team and the NGO team with Advance Africa technical support; operations research and evaluation support will be provided by the Population Council (using a different source of funding).

3. Teach ARH through the educational system using schoolteachers and linking with existing youth-friendly reproductive health centers: The Mozambique chapter of FAWE uses a cascade teaching methodology to train teachers in ARH. This activity will link this core-supported FAWE activity with existing youth-friendly services in Nampula and Zambezia provinces. Besides teaching ARH to adolescents in school, Advance Africa and the NGOs will explore ways to use teachers to support the youth-friendly centers, particularly for the sustainability and effectiveness of outreach programs.

A number of activities already under way in the areas of infection prevention, essential newborn care, and supervision will continue in some form. Advance Africa will explore ways to embed and coordinate these activities as much as possible with the activities described above.

Development of Detailed Implementation Plans

These concepts need to be translated into workable detailed plans in a short period of time by Advance Africa, the respective NGOs, and the various provincial and district health teams. Initial meetings have occurred, and activities are scheduled to start on the ground in Mozambique in February 2004. Agreements with NGOs and the Population Council as well as their hiring of staff will be complete by May 2004. Implementation will take place in summer 2004.

Indicators

- Policy
 - a. Operational elements explicitly defined in national policy
 - b. Resources to implement elements included in budget allocations
- Training
 - a. Existence of birth spacing training materials/approach
 - b. Availability of birth spacing training materials/approach
 - c. Awareness of birth spacing training materials/approach
 - d. Number of FP providers trained using the birth spacing training materials/approach
 - e. Percentage of FP providers trained using the birth spacing training materials/approach
- Participation
 - a. Client aspiration to space births (percentage of women who desire to space births multiplied by the number of months between births)
 - b. Partner aspiration to space births (percentage of partners who desire to space births multiplied by the number of months between births)
 - c. Community values toward birth spacing
- Presence of Services
 - a. Number of sites offering birth spacing-oriented services, by element
 - b. Percentage of sites offering birth spacing-oriented services, by element
 - c. Number of sites offering complete birth spacing program
 - d. Percentage of sites offering complete birth spacing program
- Outcomes
 - a. Percentage of births with less than 12-18 (exact figure to be determined) months spacing (sentinel sites)

- b. Percentage of women using modern contraceptive methods at six months postpartum (sentinel sites)
- c. Use of emergency contraceptive pills